

**DRIVERS OF TEENAGE PREGNANCY AMONG GIRLS AGED 13 TO 19 DURING  
COVID-19 LOCKDOWN IN LAKWANA SUB-COUNTY, OMORO DISTRICT**

**OMARA SOLOMON**

**18/U/41612**

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**DECLARATION**

I declare that this is my original work and it has not been submitted to any other University or institutions for any academic award.

SIGNATURE..... *Omara*

DATE..... *02 September*  
~~*AUGUST*~~ *2022*  
*Omara*

NAME: OMARA SOLOMON

**APPROVAL**

I confirm that this dissertation has been submitted for examination with my approval.

SIGNATURE..... *Gi Lugi* .....

DATE..... *02 September 2022* .....

**DR GLORIA KIMULI SERUWAGI**

**SUPERVISOR**

## **DEDICATION**

I dedicate this dissertation to my parents for their financial support in the process of conducting this research. Secondly, my dedication goes to my colleagues for supporting me tirelessly through their words of encouragement, suggestions and advice.

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## **LIST OF ACRONYMS AND ABBREVIATIONS**

WHO	World Health Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UDHS	Uganda Demographic and Health Survey
UNESCO	United Nations Educational, Scientific and Cultural Organization
UBOS	Uganda Bureau of Statistics
DHR	District Health Report
MOH	Ministry of Health

## ABSTRACT

**Introduction and Background:** Globally, teenage pregnancy is a serious public problem, further exacerbated by the emergence of COVID-19 which saw cases rising up to approximately 23% among aged 15-19 and by 36.6% among girls aged 10-15 years. This research examined the drivers of teenage pregnancy among girls aged 13 to 19 in Lakwana sub-county, Omoro district. Research objectives were; to explore knowledge, attitudes and practices in regard to teenage pregnancy as well as to examine the prevalence of teenage pregnancy.

**Methods:** The research employed qualitative approach and used a cross-sectional study design, using both primary and secondary data sources. A total of 30 participants were enrolled in the study including primary respondent such as pregnant girls and secondary respondents such as parents, teachers, community development officers, social workers and health workers and data was collected using In-depth interviews, Focus Group Discussions, Key informant interviews and Document research.

**Findings:** The study indicate knowledge-gap drivers of teenage pregnancy among girls aged 13-19 during Covid-19 lockdown in Lakwana Sub- County include a high level of ignorance about birth control options, absence of sensitization, superstitious and cultural beliefs, high level of misconception about pregnancy and a total lack of sex education in schools. The prevailing attitudinal drivers of teenage pregnancy include negative attitude of adolescent girls birth control options, negative attitude of some guardians/parents to carry out sex and pregnancy discussion with the adolescent girls, negative attitude of some parents toward girl-child education and lack of access to reproductive health information and discussion provided at different health facilities Existing social drivers include internal pressure from parents/guardians, external pressure from relatives, peer influence and sexual abuse by older men and some teachers.

**Conclusion and Recommendation:** This study recommends the following to address knowledge-gap drivers such as the government should promote contraceptive use, local leaders should link adolescents to friendly sexual and reproductive health services, policy makers should encourage continuous sex education at schools and community and health workers should keep privacy of the adolescent girls who seek help from them. The study put forward the recommendations to address the attitudinal drivers of teenage pregnancy such as the

government should strengthen the implementation of the existing National Health Policy, local leaders should encourage radio talk shows around teenage pregnancy, community sensitization be encouraged by the local leaders and life orientation and career guardian and counseling be promoted by the parents. Finally, this study recommend the following to address social drivers of teenage pregnancy such as the government should provide a stable funding to facilitate a comprehensive research and support youth friendly services, the policy makers should formulate policies that promote a compulsory reproductive health discussion in schools, community and hospitals, the parents should encourage child-parent communication concerning sexuality and pregnancy and lastly, the researchers should conduct more research on pregnancy among girls aged 20 and above

## **CHAPTER ONE: INTRODUCTION**

### **1.0 Introduction**

This section presents the background of the study, statement of the problem, objectives of the study, research questions, the significance of the study, the scope of the study and the conceptual frame work.

### **1.1 Background of the Study**

Teenage pregnancy is considered a serious social problem. Globally, an estimated 15 percent of young women give birth before age 18 (UNICEF, 2020). Early childbearing, or pregnancy and delivery during adolescence, can derail girls' otherwise healthy development in to adulthood and have negative impacts on their education, livelihoods and health. Many girls who are pregnant are pressured or forced to drop out of school, which can impact on their educational and employment prospects and opportunities (WHO, 2014).

Also, globally, approximately 95 percent of teenage pregnancy occurs in developing countries (WHO, 2019). Teenage girls aged 15 to 19 years are twice more likely to die during pregnancy and childbirth compared to women in their twenties; meanwhile those under the age of 15 years are five times more likely to die during pregnancy and delivery (WHO, 2014) Most of the pregnancies and childbirth are not planned and wanted, although a few are planned and wanted (WHO, 2021). In addition, adolescent pregnancies most often occurred in poorer and marginalized communities during Covid-19 lockdown (2021). Many girls faced considerable pressure to marry early and become mothers while they are still children themselves (World Vision,2021). More so, teenage pregnancy has contributed to appropriately 90% of births during Covid-19 lockdown in developing countries due to early marriage, no access to contraception and pressure on girls to prove their fertility (WHO,2021).

In Africa, adolescent pregnancies typically occur among poor population groups, which could be driven by poverty, lack of education, and work opportunities (UNICEF, 2014). The prevalence of adolescent pregnancy in Africa was 18.8%, of this 19.3% occurred in sub-Saharan Africa and 21.5% in eastern Africa (Assa et.al, 2018). Previous studies showed that being sexually active at an early age, early marriage, older teenagers, married women, educational attainment, age at first sex, household wealth, family structure, exposure to media, community poverty level, and contraceptive use are significantly associated with adolescent pregnancy (Kapagawani and Ebong, 2017).

In Sub-Saharan Africa continues to have the highest adolescent birth rates (UNICEF, 2021). The current studies indicate that sociocultural, environmental and economic drivers such as peer influence, unwanted sexual advances from adult males, poverty, early marriage, lack of career guardian and counselling, parental neglect, lack of comprehensive sexuality education, non-use of contraceptives, early sexual debut and inappropriate forms of recreation (Ahlberg et al.2021; Kibira et al.,2021; Annika et al.,2019).

Also, individual drivers such as low educational level, low self-esteem and inability to resist sexual temptation and curiosity (Browne and Burret,2021). To add on, health service -related drivers such as high cost of contraceptives in private hospitals, inadequate and unskilled health workers, long time waiting and lack of privacy at health care facilities, misconceptions about contraceptives, non-friendly adolescent reproductive services and negative attitude of health workers towards providing reproductive health services for adolescents (WHO,2021).

Uganda has one of the highest drivers of teenage pregnancies in sub-Saharan Africa, estimated at about 25% national average with more than one out of four becoming pregnant with the rate being higher than 27% in rural than urban areas at 19% (WHO, 2019). Uganda, as with many other countries around the world, has witnessed the negative effects of Covid-19 lockdown. Teenage pregnancy among other risk factors is adding to the number of girls who were not in school and current predictions suggest that the lockdown could add an additional 20million (UNICEF, 2021). In Uganda according to the Uganda Demographic and Health Survey (2021), the key drivers of teenage pregnancy during Covid-19 lockdown include limited access to sexual, reproductive health and contraceptive information, bad peer influence among the adolescents, myths and misconception about contraceptive use and therefore, the above drivers together with other drivers has contributed to 25% national average.

It should be noted that Covid-19 also has resulted in to a secondary health crisis, in Uganda where by in some communities, girls have tried to remove their unborn babies themselves to terminate their pregnancy (Save the Children, 2020).

In Omoro district, the current teenage pregnancy rate stands at 28% per annum, which towers higher above the national average of 25% (DHR, 2021). Omoro district also has higher rates than any other districts in the Northern Uganda which associated with the leading causes of death and disability among female adolescents due to pregnancy. Complications, unsafe abortion, and child birth (Okello et al, 2021)

## **1.2 Problem Statement**

Although the government of Uganda and civil society organizations are fighting hard to reduce teenage pregnancy, the rate of teenage pregnancy is still alarming in Lakwana Sub- County, Omoro district. The Covid-19 has wreaked unprecedented havoc on teenage girls through disrupting vital health services and has put their lives at risk (World Vission,2021). In addition, the Covid-19 response such as school closures has caused teenage girls to spend more time with men and boys than they used to do before the school closures, leading to a greater livelihood of engagement in risky sexual behavior and increased risk of sexual exploitation and violence in Lakwana Sub- County, Omoro district. The current teenage pregnancy in Omoro district stands at 28 percent per annum, which stands higher than the national average of 25 percent (Okello, 2021) and this is very scaring because Omoro district has the highest rate than any other districts in Northern Uganda. According to the Uganda Bureau of Statistics (2021), one in every four teenage girls between 13 and 19 years got pregnant during the Covid-19 lockdown in Lakwana Sub- County.

The complications associated with teenage pregnancy include preterm labour, low birth weight, neonatal death and obstructed labour among others (UNICEF, 2021). In addition, their reproductive health is affected by unsafe abortion, sexually transmitted infections, sexual violence and limited access to services (Save the Children, 2020). Also, teenage pregnancy is the leading causes of disability and death due to Pregnancy complications, unsafe abortion and childbirth in Omoro district (UNFPA, 2021).

According to Okao (2021), Lakwana Sub- County and Omoro district at large has launched a campaign to promote girl child education and promoting school hygiene because some girls drop out of school when they start having their menstruation periods. Also, community sensitization, changing cultural beliefs on girl child education and the campaign to ensure that girls remain in schools has been promoted in Omoro district (Jotham,2021).

Although a lot of research has been conducted on teenage pregnancy in Lakwana Sub- County, Omoro district, none has been documented on the Drivers of Teenage Pregnancy among Girls Aged 13 to 19 during the Covid-19 Lockdown in Lakwana Sub- County, Omoro district. This research addresses those gaps by investigating about knowledge-gap factors, attitudinal factors and practices that exists in regard to teenage pregnancy in Lakwana sub- County, Omoro district. More importantly no study has been conducted during the lockdown period which has seen a significant driver of teenage pregnancy and little is known about how

best to prevent and manage them. This proposed study was meant to contribute towards addressing some of those gaps.

### **1.3 Objectives of the Study**

#### **1.3.1 General Objective**

The purpose of the study was to investigate the drivers of teenage pregnancy during Covid-19 lockdown in Lakwana sub-county, Omoro district and focused on the specific objectives such as knowledge-gap drivers, attitudinal drivers and social drivers of teenage pregnancy.

#### **1.3.2 Specific Objectives**

- I. To explore knowledge-gap drivers in regard to teenage pregnancy in Lakwana sub-county
- II. To explore the attitudinal drivers contributing to teenage pregnancy in Lakwana sub-county, Omoro district
- III. To investigate social drivers that exist in regard to teenage pregnancy

### **1.4 Research Questions**

- I. What knowledge-gap drivers exist in regards to teenage pregnancy in Lakwana sub-county?
- II. What attitudinal drivers exist in regard to teenage pregnancy in Lakwana sub-county?
- III. What social drivers exist in regard to teenage pregnancy in Lakwana Sub-county, Omoro district?

### **1.5 Significance of the Study**

- To policy makers, the study is expected to help policy makers, governmental, and non-governmental Organizations to design programs and interventions towards adolescent pregnancy and pregnancy- related complications.
- To the students, the study will also benefit the students who are still at school because it would give them information about the cause and possible effects of teenage pregnancies to their studies once they got pregnant.
- To the parents/guardians, this study is also expected to benefit the parents to enable them realize their great role in educating their female teenagers, protecting and diverting fro



indulging early sex especially if without marriage. They must be aware too of what kind of peers their female teenagers have.

- To the researchers, the study will also help the researchers as a source of literature for review in the process of conducting their studies towards partial fulfillment of the requirements for award of Bachelor degree in their course of study.
- To policy makers, the study is also expected to help policy makers and planners to identify approaches and strategies that can be adopted in preventing and reducing the occurrence of teenage pregnancy through designing programs for female teenagers and know necessary factors to take in to considerations when formulating and implementing policies.

## **1.6 Scope of the Study**

This presents the geographical scope, content scope and time scope as clearly discussed below.

### **1.6.1 Geographical Scope**

The study was conducted in Lakwana sub-county, Omoro district. Omoro district is a district located in the Northern region of Uganda. Omoro district is bordered by Gulu district to the north, Oyam district to the south and Nwoya district to the west. The town of Palenga, where the district headquarters are located is about 24 kilometers (15miles), by road, South of Gulu, the largest city in the Acholi sub-region. Lakwana sub-county has four parishes namely; Te-Got parish, Parak, Lujorongole parish and Te-Opok parish.

### **1.6.2 Content Scope**

The study focused on the knowledge-gap drivers, attitudinal drivers and social drivers that exists in regard to teenage pregnancy during Covid-19 lockdown in Lakwana sub-county, Omoro district and successfully covered 30 participants including pregnant girls, teachers, parents, social workers, health workers and community development officers.

### **1.6.3 Time Scope**

The study was conducted from March to April, 2022. This was because of time demands for data collection and analysis.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 Introduction**

This chapter presents the theoretical review, theory that underpin teenage pregnancy and actual literature review according to the objectives.

### **2.1 Theoretical Review**

This sub-section presents the already existed theory and the degree at which the existing theory help us to understand more about the drivers of teenage pregnancy among girls aged 13 to 19 in the light of the specific objectives including knowledge-gap drivers, attitudinal drivers and social drivers of teenage pregnancy and to develop new hypotheses to be tested. Theoretically, this study is hinged on Reasoned Action Theory which put much emphasis on changing attitudes, behaviors and subjective norms in promoting teenage pregnancy as further explained below.

#### **2.1.1 Reasoned Action Theory**

This theory state that changing attitudes and subjective norms often leads to subsequent change in a variety of risky behavior in female teenagers which attributes to teenage pregnancy (Uman et al,2003). This theory emphasizes the influence of changing attitudes and subjective norms on female teenagers in regard to teenage pregnancy. This theory helps as a guiding framework sin explaining and understanding how attitudinal drivers, knowledge-gap drivers and social drivers contribute to teenage pregnancy.

### **2.2 Conceptual Review**

This sub-section contains the description of relevant concepts in the research topic and specific objectives and it focused on teenage pregnancy, drivers of teenage pregnancy, knowledge-gap drivers, attitudinal drivers and social drivers as the key concepts in the research topic and specific objectives. Interestingly still, it gives a clear picture of a relationship between them as described below.

### **2.2.1 Teenage Pregnancy**

According to the World Health Organization (2004), teenage pregnancy is a situation where a girl usually within the ages of 13 to 19, become pregnant.

The Demographic Health Survey Reports defined teenage pregnancy as women aged 13 to 19 who are pregnant with their first child (Garba et al.,2016).

According to Ganchimeg (2014), teenage pregnancy is the occurrence of pregnancy in girls aged 13 to 19.

In summary, all scholars agreed that teenage pregnancy is a situation where a girl below 20 years get pregnant.

### **2.2.2 Drivers of Teenage Pregnancy**

According to the United Nations Population Fund (2018), drivers of teenage pregnancy can be understood as the various factors that attributes to teenage pregnancy such as cultural factors, social factors and economic factors among others.

The drivers of teenage pregnancy can be defined as socio-demographic related factors which affect adolescent pregnancy and these factors include residence (rural vs urban), educational status (not attended vs attended) among others (Mbanga et al,2017).

According to the Uganda Demographic and Health Survey (2016), the drivers of teenage pregnancy refer to the factors that fuel adolescent pregnancy and these factors are; limited access to sexual and reproductive health, peer influence, cultural beliefs and material wants among others.

In summary, the drivers of teenage pregnancy entail all about the factors that attributes to teenage pregnancy.

### **2.2.3 Knowledge-gap Drivers**

According to Achimas (2012), knowledge gap drivers entail a disparity in access to information by the poor and in accessing, recognizing and promoting the creativity of the developing world in regard to a particular phenomenon.

Furthermore, knowledge-gap drivers can be best understood as the difference between the information an ordinary person knows and the actual information on the ground. This is

spearheaded by lack of a clear understanding of teenage pregnancy and hampers the fight against teenage pregnancy (Anyanwu,2019).

Finally, according to Faustine (2019), knowledge-gap drivers entail a discrepancy between what is known and what should be known.

#### **2.2.4 Attitudinal drivers**

According to Kendra and Susman (2021), attitudinal drivers refer to a set of emotions, beliefs and behavior toward a particular phenomenon and they can have a powerful influence over behavior.

More so, attitudinal drivers refer to a learned tendency to evaluate phenomenon in a certain way and such evaluations are often positive or negative, but they can also be uncertain at times (Erick,2012).

In psychology, attitudinal drivers refer to psychological construct and emotional entity that inheres or characterizes a person and their personal view on a particular phenomenon. In general, it involves their mindset, outlook and feelings (Perloff,2016).

#### **2.2.5 Social Drivers**

According to Stansfeld and Rasul (2007), social drivers entail general forces at the level of human society arising from social structure and social processes that impinge on the individual.

More so, social drivers are things that influence someone life style and it can be as a result of family size, social structure and population density (Mattel,2013).

Finally, social drivers entail those factors that influence the beliefs, values, attitudes, opinions and life style of people in the social groupings as developed from cultural, ecological, demographic, religious and ethnic conditioning and social drivers are associated with the larger forces within cultures and societies that affect the thoughts, feelings and behavior (Perloff,2016).

### **2.3 Review According to Objectives (Actual Literature Review)**

A literature review contains the summary of studies related to drivers of teenage pregnancy among girls aged 13 to 19. It identifies and summarizes all the relevant research conducted related to the study. The chapter presents the critical review of books, journals, articles and

other published sources that contain relevant literatures related to the specific objectives of the study including knowledge-gap drivers, attitudinal drivers and social drivers of teenage pregnancy.

### **2.3.1 The Knowledge-gap Drivers Contributing to Teenage Pregnancy**

Globally, studies have shown that traditional knowledge such as early positive orientation towards motherhood has been associated with teenage pregnancy because young girls aged 13 to 19 years old are made to feel that motherhood is a prerogative in their lives as women and central to female gender roles. Motherhood is an important part of many women's lives, particularly in societies where traditional gender roles still persist and respected. It should be noted that in many African countries, motherhood is central to the social and cultural systems (WHO, 2019).

In Sub-Saharan Africa, cultural knowledge where women are regarded as a normal duty and mandatory within a woman's life and seen as an essential role, with family and social life oriented towards children associated with early onset of child bearing and large families preferred. It should be recalled that in an early age, there is positive orientation towards motherhood (UNICEF, 2020).

In developing countries, at least 39% of girls marry before celebrating their 18th birthday and approximately, 12% before the age of 15 due to misinformation about contraceptive use (World Bank, 2021). Similarly, in many places around the world, girls choose to be pregnant because they lack sex education (World Bank, 2019).

In Uganda, according to the research, lack of sex education and inadequate knowledge towards family planning methods such as condom use, pills and so forth (UNESCO, 2019). Also, in Uganda, studies carried out by Neema (2022) found that most teenagers have a wrong knowledge in regard to teenage pregnancy, where by 25.9 percent of girls believe that a girl cannot get pregnant the very first time, she has sexual intercourse. About 33.3 percent of girls believe that a girl cannot get pregnant if she has sex while standing up. About 24.8 percent of girls believe that a girl cannot get pregnant if she washes herself thoroughly immediately after sex. It is also found that a girl cannot get pregnant if the boy withdraws before ejaculating (Neema et al, 2022).

Similarly, misconception about pregnancy is one of the most common influence on teenage pregnancy. This is because many adolescent girls think that they cannot become pregnant during their menstrual periods. In truth, it is possible for adolescents to become pregnant during their menstruation and in fact, the possibility is low, but the possibility exists (World Vission,2019). In addition, many adolescent girls believe that by having sex in a certain position, it is impossible to get pregnant and also, they believe that if they are virgins before sex, they cannot get pregnant (World Vission,2019).

Further still, adolescents have limited knowledge about contraceptive methods and inability of health workers to acknowledge adolescent's sexual health needs has contributed to teenage pregnancy (Darroch et al.,2022). In addition, adolescents may lack information about the autonomy to ensure the consistent and correct use of a contraceptive method (Bankole et al., 2021).

To wrap it up, the reviewed literatures indicated the knowledge-gap drivers of teenage pregnancy including traditional knowledge, misinformation about contraceptive use, lack of sex education, low level of education and lack of information about the autonomy to ensure the correct and consistent use of contraceptive methods.

### **2.3.2 The Attitudinal Drivers Contributing to Teenage Pregnancy**

Globally, as a result of negative attitude towards sex education and a tempestuous period of adolescence, many teenage girls end up getting engaged in sexual activity with equally immature or mature partners. This is sometimes referred to as “time of crisis” or off-time pregnancy according to the professional literatures which happen too early according to the biological, social and psychological rhythm (Bakiera and Szczerbal, 2019).

Also, negative attitude towards birth control options has been reported to fuel teenage pregnancy. This is because condom use is at the sole discretion of the male partners (Christina et al.,2021).

In East Africa, at most 10% of teenagers give birth by age of 16 due to negative attitude towards reproductive health and discussions (Neal et al.,2021). In particular, Uganda reported the highest population of teenagers giving birth before the age of 20 (63%) due to decreased reproductive health discussions by the parents/guidance during Covid-19 lockdown (Uganda Bureau of Statistics,2021). In addition, in Uganda, the risk of unintended teenage pregnancies

remains high due to relatively negative attitude towards contraceptive use arising from misinformation, misconception and fear of health side effects and women suggested that contraceptive caused illness and unnecessary weight gains (Cleland and Ali,2022). In addition, other researchers indicate that contraceptive use cause change in the menstrual patterns that could result in infertility later in life and other reasons for non-contraceptive use have included fear of side effects, partner objection and religious conflicting ideas (Otoide et al.,2022).

In addition, negative attitude towards girl- child education by the parents and so teenage girls are treated inhumanely and overworked via household and garden work (Mirembe et al.,2021).

According to Faxelid (2021), negative attitude of the health workers to respond to the adolescent needs and in addition, they are harsh and abusive which encourages adolescents to seek health from unprofessional people.

Finally, inability of the health workers to keep privacy and confidentiality and it is alleged that they share the secret with girl's parent and other people which has affected adolescent health seeking behavior and make them seek help from other private clinics and traditional healers (Lynn et al.,2012).

To crown it all, the reviewed literatures indicated negative attitude towards sex education, decreased supervision by the parents, negative attitudes of the health workers to respond to adolescent needs, negative attitude towards girl- child education, negative attitude towards reproductive health and discussions and inability of the health workers to keep privacy and confidentiality of the adolescent girls who seek help from them

### **2.3.3 The Social Drivers Contributing to Teenage Pregnancy**

Globally, Albert (2020) postulates that peer influence is one the social drivers of teenage pregnancy because most teenage girls like arguing that they got pregnant due to a lot of discussion around sex. Female teenagers rely on their peers for information and this make full prey to teenage pregnancy. Similarly, Carrera (2022) also observed that unrestricted interactions with the opposite sex ignite the sparks of lust in teenagers very easily, more especially very late evening.

Also, peer influence is a social driver that is worthy of note when it comes to teenage pregnancy and this is because agents like friends are “socializing agents”, who set standards of conduct and serve as role models in shaping the development of sexual attitudes and norms (East and

Felice,2021). To add on, East and Kiernan (2021) indicated that adolescent girls who has the greater number of sexually active friends has positively associated with permissive sexual activities and non-marital child bearing. More so, Davies (2022) concur by indicating that peer influence has been the traditional cause of teenage pregnancy because teenagers rely heavily on their friends for information as they want to be accepted within a particular social group. In addition, the role of peer groups as agents of socialization has a serious consequence on the lifestyle of teenagers especially in the area of sexuality. Peer influence could influence the typical teenager's perception about sexuality so much so that teenagers tend to conform to the norms about sexual behavior which are deemed acceptable to the peer groups to which she belongs (Aboyeji et al., (2021). Also, different types of peer groups have unique capacities to encourage negative behavior in their members and adolescent misconducts most often occurs in groups (Kukln,2022). In the United States, cliques are often distinguished from other peer groups through the pressure they exert on their members to conform to certain norms in school orientation and sexual behavior (Lai and Fang, 2020).

In Africa, sexual abuse of teenage girls has fueled teenage pregnancy which has increasingly gained widespread public outcry (World Vision,2021). However, the relationship between early sexual abuse and teenage pregnancy also has become a serious focus of attention (Wells et al.,2021). Also, sexual abuse at younger ages leads to teenage pregnancy is less direct and require exploration and the nature of sexual abuse reported in various studies may differ in terms of type, duration and relationship as well as age of the victim and perpetrator, fuel unwanted teenage pregnancy (Einspruch and Pollards,2020). The child-researchers repeatedly suggested that sexual abuse of adolescent girls by some teachers, older boyfriends and relatives must be blamed on poverty which force them in to transactional sex relationship (World Vission,2019).

In Uganda, teenagers are weak in decision making and they are influenced by their aunties, uncles and other relatives to get married. If a girl of 19 years does not have a boyfriend, some of her relatives are going to consider her an idiot. The next thing is that she prepares herself to prove that she is not an idiot by getting a boyfriend and end up falling pregnant and all of a sudden has to take care of unplanned child (Kukln,2021).

Internal pressure from parent/guardians push the female teenagers toward falling pregnant. Some girls feel that they would only be accepted as girls once they have proved their fertility and there are some mothers that want their daughters to become pregnant so that they could



have a baby at home again (Albert, 2020). Internal pressure push the teens toward falling pregnant. Some girls feel that they will only be accepted as girls once they have proved their fertility and there are some mothers want their daughters to become pregnant so that they could have a baby at home again (Albert,2020).

The influence of social media may function as a super-peer in term of pressuring teenagers in to having sex earlier than expected (Strasburger et al.,2021). Pornographic films, videos, television, magazines, advertisement and novels, today, they are full of sex and love and the media portrays glamorous side of sex in such a way that teenagers perceive sex as something in fashion. Many teenagers often rely on magazines as an important source of information about sex, birth control and health related issues (Strasburger,2020). In addition, social media is a very serious driver contributing to early sexual initiation in adolescents due to their exposure to sexually explicit content especially in electronic media (Lenhart and Madden, 2022). Preliminary evidence suggests that displays of sexual content on television, videos, films and magazines are associated with the reported intention to become sexually active (Connel,2019). In one American study, adolescents who viewed sexual references on television, films and videos, they become the influential and believable sources of information (Moreno et al.,2019).

Another study in the United States suggests that adolescents who perceive sex to be normative based on other newspapers, films, Facebook profile and videos are more likely to report an interest in initiating se x (Lit and Stock, 2019). Also, given the anonymity of the internet and the ease with which this pornographic content can be accessed, is the other area of great concern on teenage pregnancy. Still in the United States, the sexual concurs with the finings obtained by Chandra et al (2021), which shows that the adolescent girls who watch a lot of television programs with sexual content are more likely to have sexual intercourse and there is an evidence that adolescent's exposure to sexual content on television shapes their sexual attitudes and behavior in a manner that may influence teenage pregnancy. In addition, Bleakley et al., (2020) indicates that the relationship between exposure to sexual content and sexual activity can be characterized by a feedback loop, the more sexual activity adolescent engages in, the more likely they are to be exposed to sex in media and as a result, they get expose to practical sexual activity.

In summary, the reviewed literatures indicated social drivers of teenage pregnancy which included peer influence, internal pressure from parents/guardians, external pressure from relatives, sexual abuse and the influence of sexual media.

#### **2.3.4 Synthesis of the Review**

This sub-section presents the summary of the literature review in line with the specific objectives as summarized below.

##### **The Knowledge-gap Drivers Contributing to Teenage Pregnancy**

Globally, studies have indicated that traditional knowledge such as early positive orientation towards motherhood has been associated with teenage pregnancy because young girls aged 13 to 19 years old are made to feel that motherhood is a prerogative in their lives as women and central to female gender roles. Motherhood is an important part of many women's lives, particularly in societies where traditional gender roles still persist and respected. It should be noted that in many African countries, motherhood is central to the social and cultural systems (WHO, 2019).

In Sub-Saharan Africa, cultural knowledge where women are regarded as a normal duty and mandatory within a woman's life and seen as an essential role, with family and social life oriented towards children associated with early onset of child bearing and large families preferred. It should be recalled that in an early age, there is positive orientation towards motherhood (UNICEF, 2020).

In developing countries, at least 39% of girls marry before celebrating their 18th birthday and approximately, 12% before the age of 15 due to misinformation about contraceptive use (World Bank, 2021). Similarly, in many places around the world, girls choose to be pregnant because they lack sex education (World Bank, 2019).

In Uganda, according to the research, lack of sex education and inadequate knowledge towards family planning methods such as condom use, pills and so forth (UNESCO, 2019). Also, in Uganda, studies carried out by Neema (2022) found that most teenagers have a wrong knowledge in regard to teenage pregnancy, where by 25.9 percent of girls believe that a girl cannot get pregnant the very first time, she has sexual intercourse. About 33.3 percent of girls believe that a girl cannot get pregnant if she has sex while standing up. About 24.8 percent of girls believe that a girl cannot get pregnant if she washes herself thoroughly immediately after sex. It is also found that a girl cannot get pregnant if the boy withdraws before ejaculating (Neema et al, 2022).

Similarly, misconception about pregnancy is one of the most common influence on teenage pregnancy. This is because many adolescent girls think that they cannot become pregnant during their menstrual periods. In truth, it is possible for adolescents to become pregnant during their menstruation and in fact, the possibility is low, but the possibility exists (World Vission,2019). In addition, many adolescent girls believe that by having sex in a certain position, it is impossible to get pregnant and also, they believe that if they are virgins before sex, they cannot get pregnant (World Vission,2019).

Further still, adolescents have limited knowledge about contraceptive methods and inability of health workers to acknowledge adolescent's sexual health needs has contributed to teenage pregnancy (Darroch et al.,2022). In addition, adolescents may lack information about the autonomy to ensure the consistent and correct use of a contraceptive method (Bankole et al., 2021).

To wrap it up, the reviewed literatures indicated the knowledge-gap drivers of teenage pregnancy including traditional knowledge, misinformation about contraceptive use, lack of sex education, low level of education and lack of information about the autonomy to ensure the correct and consistent use of contraceptive methods.

### **The Attitudinal Drivers Contributing to Teenage Pregnancy**

Globally, negative attitude towards sex education and a tempestuous period of adolescence, as a result, many girls get engaged in sexual activity with equally immature or mature partners (Bakiera and Szczerbal, 2019).

Also, negative attitude towards birth control options has been reported to fuel teenage pregnancy. This is because condom use is at the sole discretion of the male partners (Christina et al.,2021).

In East Africa, at most 10% of teenagers give birth by age of 16 due to negative attitude towards reproductive health and discussions (Neal et al.,2021). In particular, Uganda reported the highest population of teenagers giving birth before the age of 20 (63%) due to decreased reproductive health discussions by the parents/guidance during Covid-19 lockdown (Uganda Bureau of Statistics,2021).

In addition, negative attitude towards girl- child education by the parents and so teenage girls are treated inhumanely and overworked via household and garden work (Mirembe et al.,2021).

According to Faxelid (2021), negative attitude of the health workers to respond to the adolescent needs and in addition, they are harsh and abusive which encourages adolescents to seek health from unprofessional people.

Finally, inability of the health workers to keep privacy and confidentiality and it is alleged that they share the secret with girl's parent and other people which has affected adolescent health seeking behavior and make them seek help from other private clinics and traditional healers (Lynn et al.,2021).

### **The Social Drivers Contributing to Teenage Pregnancy**

Globally, Albert (2020) indicates that peer influence is one the social drivers of teenage pregnancy because most teenage girls like arguing that they got pregnant due to a lot of discussion around sex because fellow friends are the socializing agents. Female teenagers rely on their peers for information and this make full prey to teenage pregnancy.

In Africa, sexual abuse of teenage girls has fueled teenage pregnancy which has increasingly gained widespread public outcry (World Vision,2021). However, Wells et al., (2021) concurs that the relationship between early sexual abuse and teenage pregnancy also has become a serious focus of attention.

In Uganda, teenagers are weak in decision making pertaining to their bodies and they are influenced by their aunties, uncles and other relatives to get married. If a girl of 19 years does not have a boyfriend, some of her relatives are going to consider her an idiot. The next thing is that she prepares herself to prove that she is not an idiot by getting a boyfriend and end up falling pregnant and all of a sudden has to take care of unplanned child (Kukln,2021).

In ternal pressure from parent/guardians push the female teenagers toward falling pregnant. Some girls feel that they would only be accepted as girls once they have proved their fertility and there are some mothers that want their daughters to become pregnant so that they could have a baby at home again (Albert, 2020).

The influence of social media may function as a super-peer in term of pressuring teenagers in to having sex earlier than expected (Strasburger et al.,2021). On the hand, pornographic films, videos, television, magazines, advertisement and novels, today, they are full of sex and love and the media portrays glamorous side of sex in such a way that teenagers perceive sex as

something in fashion and many teenagers often rely on magazines as an important source of information about sex, birth control and health related issues (Strasburger,2020).

Another study in the United States suggests that adolescents who perceive sex to be normative based on other newspapers, films, Facebook profile and videos are more likely to report an interest in initiating sex (Lit and Stock, 2019).

#### **2.4 Emerging Gaps from the Reviewed Literatures**

Despite the presence of a large body of evidence from research done on teenage pregnancy, most of them were conducted in various part of the world where the findings cannot be applicable proper understanding of teenage pregnancy because what may be the solutions or problems in one place, cannot not be the solutions or problems in the other place.

Secondly, the related literatures reviewed are still worthless because the opinions of the researchers are divided thereby, hindering the effectiveness to reduce the high rate of teenage pregnancy.

Most of the literatures reviewed used secondary data or desktop research and hence, lacking first-hand information from the respondents.

Most of the literatures reviewed employed quantitative approach which inadequately described teenage pregnancy but, this study would address that gap by employing qualitative to properly described knowledge-gap drivers, attitudinal drivers and social drivers of teenage pregnancy.

## **CHAPTER THREE: METHODOLOGY**

### **3.0 Introduction**

This chapter presents research design, area of study, the study population, determination of the sample size, sampling technique and procedure, data collection methods, data processing and analysis, and ethical considerations.

### **3.1 Research Design**

A descriptive cross-sectional study research design is where the researcher collect data from a population at a specific point in time (Van Wagner,2009). The researcher used a descriptive cross-sectional research design because it is cost effective and less time consuming (Wang and Cheng, 2020).

### **3.2 Area of the Study**

Lakwana Sub- County in Omoro district has approximately 109.1km<sup>2</sup> Area and population of 15,300 people. Its geographic coordinates lie 2°35'29.6"N and 32°26'18.9" E (32.4385900°) (Uganda Bureau of Statistics, 2021)

### **3.3 The Study Population**

The primary respondents were pregnant girls and secondary respondents were the teachers, social workers, health workers, parents and community development officers for the purpose of getting other additional information on teenage pregnancy.

### **3.4 Determination of the Study Sample**

The researcher selected 30 participants and collected data from them. This is because selecting and collecting data from 30 participants enable the researcher to reach saturation point (Raluca,2021).

**Table 1: below gives a breakdown of study participants and their numbers.**

Study Population	Number of Participants
Pregnant girls (primary respondents)	6
Health workers (secondary respondents)	2
Social workers (secondary respondents)	4
Community Development Officers (secondary respondents)	2
Teachers (secondary respondents)	6
Parents (secondary respondents)	10
<b>TOTAL</b>	<b>30</b>

### **3.5 Sampling Techniques and Procedures**

This section presents the sampling techniques and procedures employed and how they have been used in the study as described below.

#### **3.5.1 Snow ball Sampling**

The snowball ball sampling starts by identifying a few initial people and ask them to nominate others through their social networks, other participants who meet the eligibility criteria and relevant to the study (David and Morgan,2008).

The researcher started by identifying few pregnant girls by the helped of Local Council One and asked them to recommend others and after that, the findings were obtained from them. This sampling method was employed because it is effective in selecting hard to reach population (Voicu and Mirela,2011).

### **3.5.2 Purposive Sampling Technique**

According to Creswell (2012), purposive sampling is a form of non-probability sampling in which researchers rely on their independent judgement when selecting people who have peculiar knowledge about the phenomenon being studied. The researcher sampled teachers, social workers, health workers, parents, community development officers because of their peculiar knowledge about teenage pregnancy.

The purposive sampling technique was employed because it less time consuming and cost effective (Ochen,2019).

### **3.6 Sampling Strategy**

The researcher has gone to get pregnant girls who have been at the health center to receive antenatal care services.

### **3.7 Collection Methods**

This section presents the data collection methods used in the study as described below.

#### **3.7.1 In-depth Interviews (IDI)**

An in-depth interview is an open ended and discovery-oriented method to obtain detailed information about the research topic from the participants (Diehl et al.,2011). In-depth interview was arranged with the pregnant girls. Interviews was carried out in the language understood by the respondents.

This helps to explore in depth a respondent's point of view and get first-hand information (Guion et al.,2011).

#### **3.7.2 Key Informant Interviews (KII)**

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community (Warheit et al.,1978; Von Korff et al.al.,199). Key Informant Interviews was conducted with teachers, social workers, health workers and community development officers.



Through key informant interviews, the initial mobilization of community and implementation of any policy and programs can be easily done (Marti-Costa and Serrano-Garcia,1983).

### **3.7.3 Focus Group Discussions (FGDs)**

Focus group discussion involve a group interviews with small number of demographically similar people ranging from 10-15 who have the common experiences (Morgan and David, 1996). Focus group discussions were held with parents.

Focus group discussions helps the researcher to obtain insights on different aspects from different perspectives (Carder and Bobby.,1977).

### **3.7.4 Document Research**

Document research refers to the analysis of documents that contain relevant information about the phenomenon under consideration (Bowen,2009).

The researcher went through all relevant reports and other materials with useful information for addressing the knowledge-gap drivers, attitudinal drivers and practices that exist in regard to teenage pregnancy. Document review sought to identify any existing interventions and progress made by either government or Civil society organizations in regards to teenage pregnancy which could be helpful to Lakwana sub-county. Document research provide a confluence of evidence that breeds credibility (Bowen.,2009).

## **3.8 Data Processing and Analysis**

At the end of each day, all completed records from unstructured interviews with key informants have been cross checked to make sure all questions were answered and properly recorded. Data collected through Focus Group Discussions, In-depth Interviews, Key Informant Interviews and Document Research were interpreted, organized and structured in to meaningful findings.

The qualitative data was audio-recorded, translated in to English and typed in Microsoft Word and content analysis was used to analyze the data pertaining to different thematic areas of this study include the knowledge-gap drivers, attitudinal drivers and social drivers that exist in regard to teenage pregnancy. The Theme of this study was the “Drivers of Teenage Pregnancy among Girls Aged 13-19 during Covid-19 Lockdown in Lakwana Sub-County, Omoro district

### **3.9 Ethical Considerations**

The researcher obtained a letter of introduction from Makerere University Department of Social Work and Social Administration in order to allow this research to be conducted.

Informed consent, privacy, anonymity and confidentiality of all participants was ensured. Permission and assent were also considered for the minors.

## CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSIONS

### 4.1 Introduction

This chapter presents an analysis of the data gathered from the field pertaining to the knowledge-gap drivers, attitudinal drivers and practices that exist for teenage pregnancy as well as the lived experiences of teenage pregnancy in Lakwana sub-county, Omoro district.

### 4.2 Social Demographic Characteristics of Participants

Social demographic characteristics of study participants including pregnant girls, teachers, health workers, social workers, parents and community development officers in term of age, educational level, income level and gender has been categorized in the table below

Table 2: below shows the social demographic characteristics of study participants

<b>Social Demographic Characteristics</b>	<b>Number of Study Participants</b>
<b>AGE</b>	
<b>13-19</b>	<b>06</b>
<b>20-29</b>	<b>08</b>
<b>30-39</b>	<b>06</b>
<b>40 and above</b>	<b>10</b>
<b>EDUCATION LEVEL</b>	
<b>Primary level</b>	<b>11</b>
<b>Secondary level</b>	<b>05</b>
<b>Tertiary/institutional level</b>	<b>14</b>
<b>INCOME LEVEL</b>	
<b>No income</b>	<b>06</b>
<b>Low-income level</b>	<b>04</b>
<b>Middle income level</b>	<b>06</b>
<b>High income level</b>	<b>14</b>
<b>GENDER</b>	
<b>Female</b>	<b>17</b>
<b>Male</b>	<b>13</b>

### **4.3 Presentation of Findings according to Specific Objectives**

This sub-section presents the study findings obtained from field and they have been presented according to the specific objectives of the study, analyzed and discussed as below.

#### **4.3.1 The Knowledge-gap Drivers of Teenage Pregnancy during the Lockdown**

The findings were obtained from pregnant girls (primary respondents) using the in-depth interview in agreement with data collected from parents using focus group discussions and social workers, health workers, teachers and community development officers using key informant interviews.

Findings indicate a high level of ignorance about birth control options arising from lack of sensitization. The following excerpt, drawn from the findings gathered is an illustration of this gap.

*"No one told me about those things that can prevent pregnancy and I'm now pregnant"*  
(Pregnant girl aged 15, Lujorongole Parish#1).

Pregnant girl agreed with parents, social workers, health workers, teachers and community development officers that lack of knowledge about sexual and reproductive health and contraceptive use due to lack of access to hospitals by the girls has contributed to teenage pregnancy.

Findings further indicated that the absence of proper sensitization, superstitious and cultural beliefs pertaining to teenage pregnancy have been the main influence on issues of sexuality and child bearing. The following quotation drawn from some of the findings in this respect is an example of this growing influence.

*"My mother advices me not to use contraceptive because my uterus will be damaged and I will get cancer which will make me barren for the rest of my life"* (Pregnant girl aged 18, Parack Parish#2).

The social workers, health workers, teachers, parents and community development officers agreed with pregnant girls that misinformation about contraceptive methods spearheaded by unprofessional has contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

Furthermore, the findings reported that a high level of misconception about teenage pregnancy arising to due lack of access to appropriate information about pregnancy from health care workers, Notable quote drawn from the findings therefore, give a clear picture about misconception about pregnancy as seen below.

*"I have never thought I would be pregnant when engaged in unprotected sex with my boyfriend because I have seen that I'm still young and so I'm pregnant"* (Pregnant girl aged 16, Labuje Village #3).

Pregnant girls agreed with parents, social workers, health workers, teachers and community development officers that misconception about pregnancy among girls due to lack of consultation and health discussions with health workers has contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

Further still, the findings indicate a total lack of sex education in schools arising out of the idea that, it might promote early sexual activities among the school-going children and the following quotation drawn from the findings clearly illustrated that issue as seen below.

*"You know what.... sex education is not taught in our school because may be our teachers do not want us to know more about it"* (Pregnant girl aged 14, Te-got Parish#4).

The teachers agreed with pregnant girls that sex education is not taught in schools because they realize that by teaching it, sex experimentation tend to be encouraged by young boys and girls.

#### **4.3.2 The Attitudinal Drivers of Teenage Pregnancy during the Lockdown**

Findings were obtained from pregnant girls (primary respondents) using in-depth interviews with agreement with the findings from parent collected using focus group discussions as well as from teachers, community development officers, social workers and health workers using key informant interviews.

Different explanations were given by pregnant girls in agreement with the parents, social workers, health workers and community development officers in relation to their own understanding of the attitudinal drivers that contribute to teenage pregnancy.

The findings reported a negative attitude towards birth control method due to lack of access to reproductive health related information and therefore, adolescent girls are obtaining false

information from unprofessional personnel such as friends and parents and the following quote, drawn from some of the findings elaborated more about it as seen below.

*"I feel negative attitude towards contraceptive methods such as an implant and pills because my fellow girls and my mother told me not to use them because I will not conceive and give birth"* (Pregnant girl aged 16, Labuje Village#1).

Pregnant girls agreed with parents, social workers, health workers and development officers that negative attitude towards contraceptive use because of ill-advises given by unprofessional has contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

The findings also indicated that parents or guardians are not interested in any form of discussions around sexuality and pregnancy arising from lack of participation in sex and reproductive health workshops organize in health centers and the quote drawn from the findings clearly stated it clearly as seen below.

*"My mother never say anything concerning sexuality and body changes because maybe she does not want me to know more about them so I have to get that information from private clinics and I'm now pregnant because of lack of knowledge about sexuality and reproductive health"* (Pregnant girl aged 15, Lujorongole Parish#2).

Pregnant girls agreed with parents, social workers, health workers, community development officers and teachers that negative attitude or unwillingness of mothers to convey the information about sexuality has contributed to teenage pregnancy due to the wrong information shared by a lay person.

The findings indicated that some parents are not interested in girl-child education because they prefer bride price to girl-child education and they girls as a heavenly sent opportunity to get money. The following quote drawn from the findings clearly illustrated that issue as seen below.

*" My parent just forced me to leave studies by saying that I was not performing well in class and I should get married because they are wasting money and instead, they should get a good sum of money out of me in the name of dowries"* (Pregnant girl aged 18, Parack Parish#3).

Pregnant girls agreed with parents, social workers, health workers and community development officers that negative attitude of the parents/guidance towards girl-child education has contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

The findings reported a high level of lack of access to reproductive health information and discussion provided at health centers due to lack of sensitization and fearing their parents and health workers. The notable quote drawn from the findings illustrated that scenario as seen below.

*" I never knew that at the age of 14, I could get pregnant because I thought my body was not yet ready to conceive but....., eventually I'm now pregnant"* (Pregnant girl aged 14, Te-got Parish#4).

Pregnant girls agreed together with parents, social workers, health workers, teachers that negative attitude girls towards reproductive health discussions have contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

In summary, the findings from pregnant girls in agreement with parents, social workers, health workers, teachers and community development officers indicated the attitudinal drivers of teenage pregnancy during Covid-19 lockdown in Lakwana Sub-county, Omoro district as negative attitude towards contraceptive methods by girls, negative attitude of the parents to discuss issues surrounding sexuality, negative attitude towards girl-child education by some parents and negative attitude towards sex and reproductive health discussions by majority of girls.

#### **4.3.3 The Social Drivers that Contributed to Teenage Pregnancy during the Lockdown**

This sub section presents practices that exist for teenage pregnancy during the Covid-19 lockdown in Lakwana subcounty, Omoro district.

Findings were obtained from community members using focus group discussion. Also, findings were got from teachers, social workers, health workers and community development officers using key informant interviews and finally, data was gathered from the adolescent girls using in-depth interviews. Data collected reveals the social drivers such as external pressure from relatives, sexual abuse, internal pressure from home and peer influence.

The findings indicated that peer influence from fellow friends has influenced teenage pregnancy arising from lack of career guardian and counseling at schools. The quote drawn from the findings clearly illustrated that influence as seen below.

*" My fellow friends who has given birth pressured me to get pregnant because being a virgin makes women to become barren"* (Pregnant girl aged 15, Lujorongole Parish#1).

The teachers, social workers, health workers, parents and community development officers agreed with pregnant girls that external pressure from friends has contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

The findings also reported that internal pressure from home especially mothers has contributed to teenage pregnancy arising from need to have an extended family and be recognized and respected in the community where they live. The quote drawn from the findings has clearly illustrated this scenario as seen below.

*"My mother advices me several times to get married because I'm matured enough and you know what...., I decided to go to my boyfriend for good"* (Pregnant girl aged 16, Labuje Village #2).

The teachers, social workers, health workers, parents and community development officers that internal pressure from some parents/guidance subjected girls to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

The findings also indicated that sexual abuse by some teachers arising from lack of teacher's professional ethics and code of conduct has contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub-County. The following quotation drawn from the findings clearly illustrated that influence as seen below. "To be honest, some teachers are bad because one of them wanted to engage in sexual intercourse with me and after refusing his proposal, he started hating and blaming for nothing until I had to engage in sexual intercourse and got pregnant" (Pregnant girl aged 19, Parack Parish#4).

Pregnant girl agreed together with parents, social workers, health workers, teachers and community development officers that sexual abuse by some teachers who do not follow teacher's professional ethics and conduct has contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.



Furthermore, the findings indicate that external pressure from relatives has influenced teenage pregnancy because of lack of knowledge pertaining to the important of girl-child education and lack of exposure to the vital information about girl-child education on television, newspapers and radio talk shows. The notable quote from the findings illustrated that influence as seen below.

*“My aunty advices me to get married because by the time the schools would be opened when the Covid-19 pandemic has ceased, I could not go back to school because of my increased age and size”* (Pregnant girl aged 14, Te-got Parish).

The teachers, parents, social workers, health workers and community development officers agreed with pregnant girls that external pressure from relatives has influenced the adolescent girls to fall pregnant during Covid-19 lockdown in Lakwana Sub-County.

#### **4.4 Discussion of the Study Findings**

This sub-section presents the discussion of the findings obtained from the field. More importantly, the specific objectives of the study have been successfully achieved basing on the data collected and therefore, these discussions are presented in line with the specific objectives as seen below.

##### **4.4.1 Knowledge-gap Drivers of Teenage Pregnancy during the Lockdown**

Findings indicates a high level of ignorance about birth control options arising from lack of sensitization. This tells us clearly that teenagers do not know anything pertaining to birth control options available at different health facilities. To evidence, one the pregnant girls narrated what made her to get pregnant as seen below.

*“No one told me about those things that can prevent pregnancy and I'm now pregnant”* (Pregnant girl aged 15, Lujorongole Parish#1).

This is related to the findings obtained by Neema (2006), which indicated that 25.9 percent of adolescent girls do not know anything about contraceptive use and other birth control options and they proudly believe that engaging in sexual intercourse for the first time does make them get pregnant

Findings also indicated that the absence of proper sensitization, superstitious and cultural beliefs pertaining to teenage pregnancy have been the main influence on issues of sexuality and child bearing. In respect to the above, the pregnant girl aged 18 clearly quoted that;

*"My mother advices me not to use contraceptive because my uterus will be damaged and I will get cancer which will make me barren for the rest of my life"* (Pregnant girl aged 18, Parack Parish#2).

The findings concur with the findings obtained by Dorroch et al (2022), which indicated that adolescent girls have limited knowledge about contraceptive methods and inability of health workers and their parents to acknowledge adolescent's sexual health needs is contributing to teenage pregnancy. Similarly, adolescents lack information about the autonomy to ensure the consistent and correct use of a contraceptive method (Bankole et al., 2021).

Furthermore, the findings reported that a high level of misconception about teenage pregnancy arising to due lack of access to appropriate information about pregnancy from health care workers and this has been evidenced by one pregnant girl who quoted that;

*"I have never thought I would be pregnant when engaged in unprotected sex with my boyfriend because I have seen that I'm still young and so I'm pregnant"* (Pregnant girl aged 16, Labuje Village #3).

This finding is similar to the findings obtained by World Health Organization (2019), which indicated that the majority of adolescent girls often get the information from their fellow friends and other unprofessional personnel and hence, putting their lives at risk of getting unplanned pregnancy.

Further still, the findings also indicate a total lack of sex education in schools arising out of the idea that, it might promote early sexual activities among the school-going children and this has been evidenced by the quote drawn from the findings as illustrated below.

*"You know what.... sex education is not taught in our school because may be our teachers do not want us to know more about it"* (Pregnant girl aged 14, Te-got Parish#4).

The findings concur with the findings obtained by UNESCO (2019), which report that there is a total lack of sex education in schools because of fear that the adolescents would begin demonstrating what is called sex experimentation and ultimately, get expose to early sexual actives.

#### **4.4.2 The Attitudinal Drivers of Teenage Pregnancy during the Lockdown**

Different explanations were given by pregnant girls in agreement with the parents, social workers, health workers and community development officers in relation to their own understanding of the attitudinal drivers that contribute to teenage pregnancy.

The findings indicate a serious negative attitude towards birth control method due to lack of access to reproductive health related information and therefore, adolescent girls are obtaining false information from unprofessional personnel such as friends and parents and as evidenced by the quote below.

*"I feel negative attitude towards contraceptive methods such as an implant and pills because my fellow girls and my mother told me not to use them because I will not conceive and give birth"* (Pregnant girl aged 16, Labuje Village#1).

The findings are closely related to the findings obtained by Christina (2021), which indicate that adolescent girls are not utilizing youth-friendly services provided at health care facilities such as free guardian and counseling, birth control options and other all sorts of reproductive health services available.

The findings further indicate that parents or guardians are not interested in any form of discussions around sexuality and pregnancy arising from lack of participation in sex and reproductive health workshops organize in health centers and the notable quote below can throw a light as the evidence.

*"My mother never say anything concerning sexuality and body changes because maybe she does not want me to know more about them so I have to get that information from private clinics and I'm now pregnant because of lack of knowledge about sexuality and reproductive health"* (Pregnant girl aged 15, Lujorongole Parish#2).

This finding is related to the findings gathered by Faxelid (2021), which indicate that some parents and other health care workers are not responding to the health needs of the adolescents

because the adolescents find it hard to approach them because they are harsh and abusive. As a result, teenage pregnancy can occur.

The findings also indicate that some parents are not interested in girl-child education because they prefer bride price to girl-child education and they girls as a heavenly sent opportunity to get money as evidenced by the notable quote below.

*" My parent just forced me to leave studies by saying that I was not performing well in class and I should get married because they are wasting money and instead, they should get a good sum of money out of me in the name of dowries" (Pregnant girl aged 18, Parack Parish#3).*

The findings concur with the findings obtained by Mirembe et al (2021), which postulates that some parents have got a negative attitude towards girl-child education and in that, the adolescent girls are treated inhumanely and overworked in regard to garden and household work.

The findings further report a high level of lack of access to reproductive health information and discussion provided at health centers due to lack of sensitization and fearing their parents and health workers as evidenced by one of the pregnant girls as quoted below.

*" I never knew that at the age of 14, I could get pregnant because I thought my body was not yet ready to conceive but...., eventually I'm now pregnant" (Pregnant girl aged 14, Te-got Parish#4).*

More importantly, this finding concurs with the findings obtained by Lynn et al (2012), which clearly indicate that the adolescent girls are failing to access hospitals to get more detailed information about reproductive health and sexuality because health care workers are not keeping their privacy confidential and it is alleged that they reveal the secret to adolescent parents and other people. This has seriously affected the adolescent health seeking behaviors and hence, contributing to teenage pregnancy.

#### **4.4.3 The Social Drivers of Teenage Pregnancy during the Lockdown**

The findings indicate that peer influence from fellow friends has influenced teenage pregnancy arising from lack of career guardian and counseling at schools as evidenced by one of the pregnant girls who clearly quoted that;

*" My fellow friends who has given birth pressured me to get pregnant because being a virgin makes women to become barren" (Pregnant girl aged 15, Lujorongole Parish#1).*

The findings are related to the findings obtained by East and Felice (1993), which indicate that peer influence is a serious driver of teenage pregnancy and this is because agents like friends are “socializing agents”, who set standards of conduct in regard to the development of positive sexual attitudes and norms towards sexual activities. To add on, the findings also concur with the findings gathered by East and Kiernan (2001), which postulate that adolescent girls who has the greater number of sexually active friends has a greater chance to engage in permissive sexual activities and non-marital child bearing. More so, the finding is related to the findings obtained by Davies (2000), which indicate that peer influence has been the traditional cause of teenage pregnancy because teenagers heavily relied on their friends for information for the purpose of seeking for belonging in a particular social group.

The findings also report that internal pressure from family members especially mothers has contributed to teenage pregnancy arising from the need to have an extended family and be famous in the society where they live. The quote below, clearly evidenced that influence.

*"My mother advices me several times to get married because I'm matured enough and you know what...., I decided to go to my boyfriend for good" (Pregnant girl aged 16, Labuje Village #2).*

This finding is related to the findings gathered by Albert (2007), which clearly indicate that some mothers want their daughters to become pregnant so that they could have a baby at home again and maintain a large family as a source of labour to work in garden and family pride.

The findings also indicate that sexual abuse by some teachers due to improper utilization of teacher’s professional ethics and code of conduct has contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub-County. The quote below, can provide a clear picture of that scenario.

*"To be honest, some teachers are bad because one of them wanted to engage in sexual intercourse with me and after refusing his proposal, he started hating and blaming for nothing until I had to engage in sexual intercourse and got pregnant" (Pregnant girl aged 19, Parack Parish).*

The findings concur with the findings obtained by Wells et al (2021), which postulate that sexual abuse of teenage girls by older men, boys and other relatives has fueled teenage pregnancy leading to a widespread public outcry.

Furthermore, the findings report that external pressure from relatives and other significant others has influenced teenage pregnancy because of lack of knowledge pertaining to the importance of girl-child education and lack of exposure to the vital information about girl-child education on television, newspapers and radio talk shows. The notable quote from the findings illustrated that influence as evidenced below.

*“My aunty advices me to get married because by the time the schools would be opened when the Covid-19 pandemic has ceased, I could not go back to school because of my increased age and size”* (Pregnant girl aged 14, Te-got Parish).

The findings concur with the findings obtained by Kukin (2008), which indicate that teenagers are influenced by their aunties, uncles and other relatives to get married because they are still weak in decision making. For instance, if a girl of 19 years does not have a boyfriend, some of her relatives are going to consider her an idiot. The next thing is that she prepares herself to prove that she is not an idiot by getting a boyfriend and end up falling pregnant and all of a sudden has to take care of unplanned child.

## **CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS**

### **5.0 Introduction**

This chapter presents conclusions and recommendations drawn from the analysis of the study findings as seen below.

### **5.1 Conclusions**

This study has established the knowledge-gap factors, attitudinal factors and practices that contributed to teenage pregnancy in Lakwana Sub- County, Omoro district. The findings are rooted from the different perspectives in the perspectives of the representatives selected, enrolled in to the study and engaged.

The study indicates knowledge-gap drivers of teenage pregnancy among girls aged 13-19 during Covid-19 lockdown in Lakwana Sub- County such as a high level of ignorance about birth control options, absence of sensitization, superstitious and cultural beliefs, high level of misconception about pregnancy and a total lack of sex education in schools.

The study indicates the prevailing attitudinal drivers of teenage pregnancy such as negative attitude of adolescent girls' birth control options, negative attitude of some guardians/parents to carry out sex and pregnancy discussion with the adolescent girls, negative attitude of some parents toward girl-child education and lack of access to reproductive health information and discussion provided at different health facilities.

The study also indicates the existing social divers such as internal pressure from parents/guardians, external pressure from relatives, peer influence and sexual abuse by older men and some teachers.

The study concludes that most victimized teenage mothers and pregnant adolescents end up being single parents because most family and community members reject them. According to the victimized individuals, they were regarded of no value in society since many of them are school drop outs and yet Uganda's society today under rates females who have not gone to school or completed a full course of study as a result of one reason or the other. In relation to their health, such individuals are severely affected in body and mind. For instance, some of them become psychologically torture. Otherwise, they become barren due to miscarriages and

abortions and finally, they contracted HIV/AIDS and other related illnesses on sexually transmitted diseases

## **5.2 Recommendations**

This sub-section presents the recommendations to different stakeholders in line with the specific objectives as seen below.

### **5.2.1 Knowledge-gap Drivers of Teenage Pregnancy**

#### **To the Government**

Contraceptive use should be promoted by putting in place adolescent and youth friendly sexual and reproductive health services in the health facilities to enable the adolescents and youths to access and utilize those services.

#### **To the Local Leaders**

Linking pregnant adolescents and teenage mothers with the appropriate resources and sources of support such as hospitals, clinics welfare and counseling services because they have communicated a lack of support and knowledge in various areas of their lives.

#### **To the Policy Makers**

Continuous sex education should be encouraged not only in schools but also at home and community level. This helps to equip teenagers with more information on reproductive health and communication between parents and their children. Focus should be on promoting abstinence, in line with local values and also to protect young teenagers. Radio messages on teenage pregnancies (and through other channels) should be delivered to create awareness in rural areas in Lakwana sub-county.

#### **To the Health Care Workers**

Groups for teenage pregnancy and parenting support as well as therapy and parent education should be set in rural communities because most of them communicated a lack of parenting support.



## **Recommendations for Further Research**

More research should be done on drivers of teenage pregnancy to enable the various stakeholders to understand it better.

Further study should be conducted on teenage pregnancy with other ages that is, from 20 and above.

### **5.2.2 The Attitudinal Drivers of Teenage Pregnancy**

#### **To the Government**

The government should improve an equitable access to and information about sexual and reproductive of teenage girls.

The government should strengthen the implementation of the existing National Health Policy.

#### **To the Local Leaders**

Radio talk shows should be organized by the local leaders to create awareness around birth control options.

Community sensitization should be strengthened to remove the misconception about contraceptive use and girl-child education.

#### **To the Policy Makers**

Cultural-appropriate school based and out-of-school health and sex education be implemented by the policy makers.

#### **To the Health Care Workers**

Teenagers access to existing youth friendly services should be ensured by the health care workers at health care centers.

#### **To the Parents/guardians**

Life orientation and career guardian and counseling should be executed by the parents/guardians.

### **5.2.3 The Social Drivers of Teenage Pregnancy**

#### **To the Government**

The government should provide a stable funding to facilitate comprehensive research and support youth friendly services.

#### **To the Policy Makers**

There should be formulation of policies that promote a compulsory reproductive health discussion in schools, communities and hospitals.

#### **To the Parents**

Parent-child communication be strengthened to enhance the discussions around sexuality and pregnancy.

#### **To the Researchers**

This study is expected to act as a benchmark for a literature review to facilitate further research in related research topic.

### **5.3 Limitation of the study**

This study only concentrated in rural areas of Lakwana sub-county, Omoro district and neglected urban areas.

There was a problem of finance to facilitate data collection since most of the respondents were asking for airtime and refreshments.

The total participants in the study were only thirty due to limited time factor.

This study focused on only pregnant girls aged 13 to 19 during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

This study employed only a qualitative approach to explore the knowledge-gap drivers, attitudinal drivers and practices that contributed to teenage pregnancy during Covid-19 lockdown in Lakwana Sub- County, Omoro district.

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**APPENDIX I: CONSENT FORM**

**Consent Form for Teachers/Health Workers/Social Workers and Community Development Officers**

I Omara Solomon, a student of Makerere University, School of Social Sciences pursuing a Bachelor Degree of Social Work and Social Administration, am conducting research on an Investigation into drivers of teenage pregnancy among girls aged 13 to 19 during the Covid - 19 lockdown in Lakwana sub-county, Omoro district.

As part of this process, I am inviting you to participate in an interview survey.

I wish to guarantee that any information that you may provide was confidential. Your identity will not be divulged or made available to any other than the researcher.

Thank you

Signature ..... Date .....,

I, ....., hereby give/ not give consent to participant in the study on an Investigation into drivers of teenage pregnancy among girls aged 13 to 19 years during Covid-19 lockdown in Lakwana sub-county, Omoro district.

Regarding the participation this study I understand that I am participating freely without being forced. I also understand that I can stop participating at any time and my decision to do so will not affect me negatively.

Signature ..... Date .....



## APPENDIX II: INTERVIEW GUIDE

### Key Informant Guide for Health workers/Social Workers/ Teachers and Community Development Officers

I am OMARA SOLOMON pursuing a Bachelor Degree of Social work and Social Administration at Makerere University. I am carrying out an investigation into drivers of teenage pregnancy among girls aged 13 to 19 in Lakwana sub-county, Omoro district as part of a partial fulfillment of the requirements for the award of Bachelor Degree of Social work and Social Administration. I kindly request you to take part in the process. This study is strictly for academic purpose and will be treated with utmost confidentiality. Your cooperation is highly appreciated.

Title/Role/Responsibility.....

Date.....

Contact.....

Signature.....

### QUESTIONS

1. What knowledge-gap drivers exists in regards to teenage pregnancy in Lakwana sub-county?
2. What attitudinal drivers exist in regard to teenage pregnancy?
3. What social drivers exist in regard to teenage pregnancy?
4. What are the recommendations to address teenage pregnancy in Lakwana sub-county?
5. What interventions exist to address teenage pregnancy among aged 13 to 19?

Interventions at or implemented by:

- Government
- Community leaders
- NGOs
- Parent

6. In your capacity as teachers/social workers/health workers and community development officers, what are you doing to curb teenage pregnancy?
7. In your own view, what should the government and other stakeholders do to curb the escalating cases of teenage pregnancy in your area?
8. Is there anything else you would like to say which you think might be useful for research?

**Thank you so much**

## APPENDIX III: INTERVIEW GUIDE

### Focus Group Discussion Guide for Parents

I am OMARA SOLOMON pursuing a Bachelor Degree of Social work and Social Administration at Makerere University. I am carrying out an investigation into drivers of teenage pregnancy among girls aged 13 to 19 in Lakwana sub-county, Omoro district as part of a partial fulfillment of the requirements for the award of Bachelor Degree of Social work and Social Administration. I kindly request you to take part in the process. This study is strictly for academic purpose and will be treated with utmost confidentiality. Your cooperation is highly appreciated.

Title/Role/Responsibility.....

Date.....

Contact.....

.Signature.....

### Questions

1. What interventions exist to address teenage pregnancy among girls aged 13 to 19?

Interventions at, or implemented by:

- Government
  - NGOs
  - Community leaders
  - Parents
2. What knowledge-gap drivers exist for teenage pregnancy?
  3. What attitudinal drivers exist in regard to teenage pregnancy?
  4. What social drivers exist in regard to teenage pregnancy?
  5. What are you doing at your capacity to curb teenage pregnancy?
  6. If your view, what should the government and other stakeholders do to curb the escalating cases of teenage pregnancy?
  7. Is there anything else you would like to say which you think might be useful for this research?

**Thank you so much**

## APPENDIX IV: INTERVIEW GUIDE

### In-depth Interview Guide for Pregnant Girls

I am OMARA SOLOMON pursuing a Bachelor Degree of Social work and Social Administration at Makerere University. I am carrying out an investigation into drivers of teenage pregnancy among girls aged 13 to 19 in Lakwana sub-county, Omoro district as part of a partial fulfillment of the requirements for the award of Bachelor Degree of Social work and Social Administration. I kindly request you to take part in the process. This study is strictly for academic purpose and will be treated with utmost confidentiality. Your cooperation is highly appreciated.

Title/Role/Responsibility.....

Date.....

Contact.....

Signature.....

### Questions

1. What interventions exist to address teenage pregnancy among girls aged 13 to 19?

Interventions at, or implemented by:

- Government
- NGOs
- Community leaders
- Parents

3. What knowledge-gap drivers for teenage pregnancy?

4. What attitudinal drivers exist in regard to teenage pregnancy?

5. What social drivers exist in regard to teenage pregnancy?

Are there some friends of yours who fallen pregnant during the COVID-19 lockdown?

6. If your view, what should the government and other stakeholders do to curb the escalating cases of teenage pregnancy?

7. Is there anything else you would like to say which you think might be useful for this research?

**Thank you so much!**

## INTRODUCTORY LETTER FROM THE UNIVERSITY

**MAKERERE**

P. O. Box 7062,  
Kampala, Uganda  
Cables: MAKUNIKA



**UNIVERSITY**

Tel: 256-41-534114  
E-mail: [swsa@ss.mak.ac.ug](mailto:swsa@ss.mak.ac.ug)

### DEPARTMENT OF SOCIAL WORK AND SOCIAL ADMINISTRATION

Monday, 13<sup>th</sup> December, 2021.

To Whom It may  
Concern

Dear Sir/Madam,

Re: Undergraduate Research

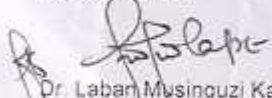
Topic Drivers of Teenage Pregnancy Among  
Girls Aged 13-19 during Covid-19 Lockdown  
in Lakwanga Sub-county, Omoro District

This is to introduce Mr./Miss/Mrs. ....  
Who would like to carry out research in your area as part of the requirements  
of the Social Work and Social Administration course.

I am requesting you to give him/her the necessary assistance to enable  
him/her accomplish his/her research.

Your cooperation in this regard will be highly appreciated.

Yours faithfully,

  
Dr. Laban Musinguzi Kashaija,  
Lecturer in-charge of  
Research and Dissertation.